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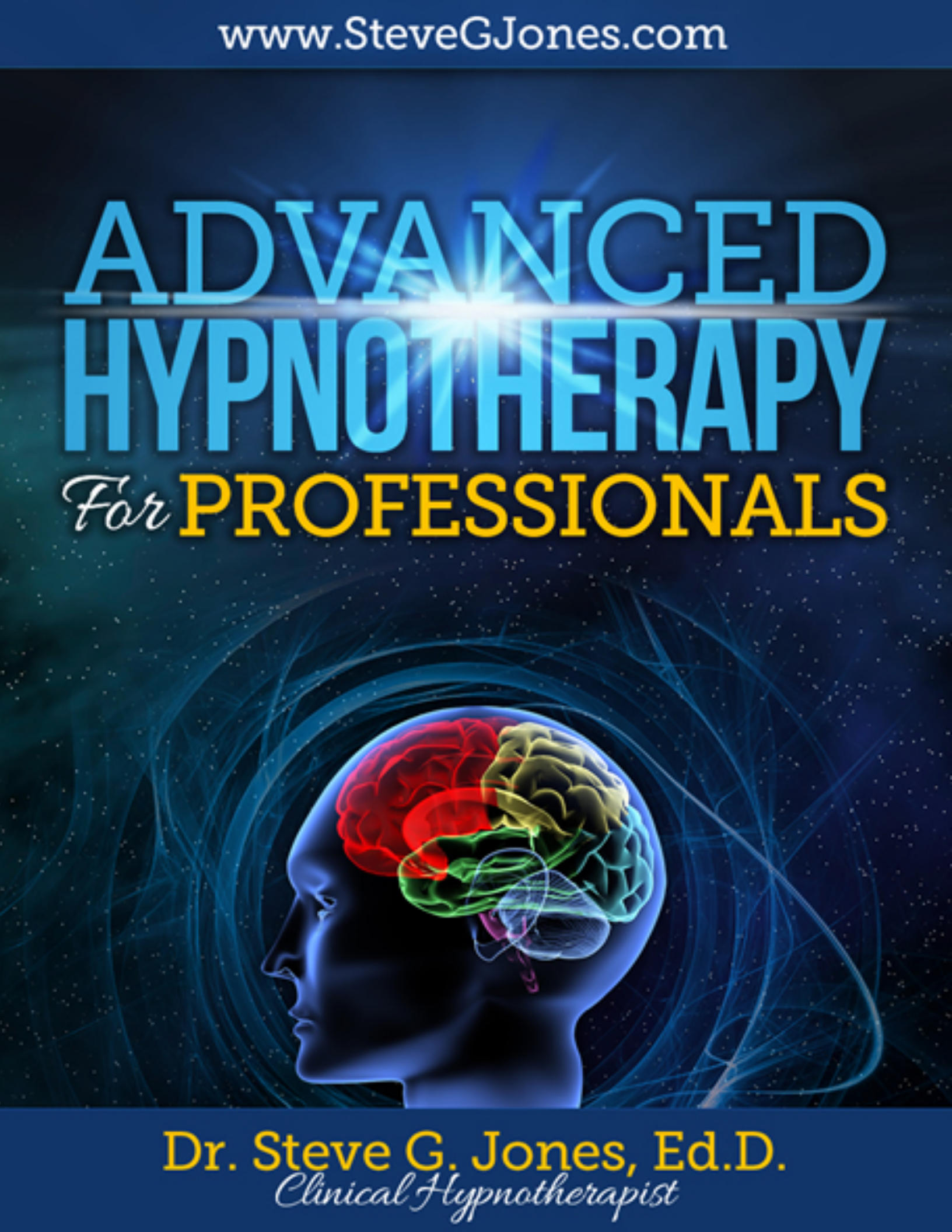
ADVANCED HYPNOTHERAPY

For PROFESSIONALS



Dr. Steve G. Jones, Ed.D.
Clinical Hypnotherapist

Advanced Hypnotherapy for Professionals

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Clinical Hypnotherapist
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Dr. Steve G. Jones, Ed.D.

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Foreword

In the 1950s, the American Medical Association took notice of hypnosis after a patient underwent a thyroidectomy (removal of the thyroid) while in a hypnotic trance induced by a hypnotherapist (Blakeslee, 2005). No other painkiller or anesthesia was used.

Since then, hypnotherapists have made powerful strides toward changing public perception about hypnosis. Doctors continue to use hypnosis to calm their patients, and to ease pain during procedures (Bierman, 1995). They regularly tell patients how easy recovery will be. Additionally, doctors tell patients that a procedure is common and meets with a high degree of success. Because these phrases are delivered by an authority figure, they act in exactly the same way as hypnotic suggestions, and become reality for the patient. More obvious hypnotic suggestions are also sometimes given to patients by doctors trained in hypnosis, and for over a century, dentists have used hypnosis to ease discomfort during dental procedures.

In addition to using hypnotic techniques themselves, doctors and dentists regularly refer patients to hypnotherapists for help with weight loss, smoking cessation, and overcoming fears about dental and surgical procedures. Before the 1950s, the medical profession scoffed at hypnotherapy, but today it is being readily embraced as a complement to long-standing medical procedures.

According to the Southern Medical Journal (2004), as many as 40% of Americans use some form of complementary and alternative medicine such as hypnotherapy. At no other time has the world of hypnotherapy been as wide open with exciting possibilities as it is now. Because more and more people are exploring and accepting the benefits of hypnotherapy, a much greater need for qualified hypnotherapists to open practices now exists. The goal of this book is to give you — a potential or practicing hypnotherapist — a strong base for building your practice. You will be guided through a basic hypnotherapy session, and you will be given suggested practice opportunities to use and modify your techniques so that you can help others lose weight, find love, and increase their financial success, among other issues.

For the latest information about the hypnotherapy world, visit www.americanallianceofhypnotists.org, the website of the American Alliance of Hypnotists, of which I am the founder and director. The organization started in America as a network of hypnotherapists, but it is now open to practitioners worldwide. Among other things, this site lists hypnotherapists and classes available in your local area. Become a member. It's free. You can also visit my website, SteveGJones.com, to learn more about hypnosis.

Chapter 1: Review of Basic Principles

Introduction

This book introduces advanced techniques designed to aid the advanced hypnotherapy practitioner. It is strongly recommended that you have a thorough working knowledge of the basic techniques in this chapter (taken from my book, Basic Hypnotherapy for Professionals) before using these advanced techniques.

It is perfectly acceptable to conduct a hypnotherapy session or series of sessions using just the techniques in this chapter. However, for more challenging cases, the advanced techniques in the subsequent chapters of this book will be very helpful.

In the 1950s, the American Medical Association took notice of hypnosis after a patient underwent a thyroidectomy (removal of the thyroid) while in a hypnotic trance induced by a hypnotherapist. No other painkiller or anesthesia was used.

Since then, hypnotherapists have made powerful strides toward changing public perception about hypnosis. Doctors continue to use hypnosis to calm their patients, and to ease pain during procedures. They regularly tell patients how easy recovery will be. Additionally, doctors tell patients a procedure is common and comes with a high degree of success. Because these phrases are delivered by an authority figure, they act exactly the same as hypnotic suggestions and become reality for the patient. There are also

more obvious hypnotic suggestions given to patients by doctors trained in hypnosis. And for over a century, dentists have used hypnosis to ease discomfort during dental procedures.

In addition to using hypnotic techniques themselves, doctors and dentists regularly refer patients to hypnotherapists for help with weight loss, smoking cessation, and overcoming fears about dental and surgical procedures. Before the 1950's, the medical profession scoffed at hypnotherapy. Today they are readily embracing it as a complement to long-standing medical procedures.

At no other time has the world of hypnotherapy been as wide open with exciting possibilities as it is now. Because more and more people are exploring and accepting the benefits of hypnotherapy, a much greater need now exists for qualified hypnotherapists to open practices. The goal of this course is to give you—a potential or practicing hypnotherapist—a strong base for building your practice. You will be guided through a basic hypnosis session, and you will be given suggested practice opportunities to use and modify your technique so that you can help others lose weight, find love, and increase their financial success, among other things.

My Background

I have over two decades of experience in hypnosis. I have a Bachelor of Science degree from the University of Florida, a M.Ed. from Armstrong Atlantic State University, as well as an Ed.D. and Ed.S. from Georgia Southern University. I am a certified clinical hypnotherapist, a member of both the American Board of Hypnotherapy and the National Guild of Hypnotists, president of the American Alliance of Hypnotists, and director of the Steve G. Jones School of Hypnotherapy. I am also on the board of directors of the American Lung Association in Los Angeles. I currently live in Savannah, Georgia, but I see clients and teach classes worldwide.
I have a client-base consisting largely of people who need to lose weight or gain confidence. Other clients include sales teams interested in boosting motivation and increasing income, singles searching for love, insomniacs desiring proper sleep, and smokers wanting to change their habits, to name just a few.

It is my hope that this course will breed a cadre of hypnotherapists with a strong commitment toward practicing with integrity, thus altering negative perceptions about hypnotherapy while allowing people to make positive changes. To this end, I am providing you with the tools to change peoples' habits and perceptions, and to help them overcome fears. I know that you can help your patients find love, make a fortune, and reach their optimum level of physical fitness through hypnotherapy.

For more information about me, as well as hypnotherapy, I invite you to visit my personal Web site www.stevegjones.com. There, you will find a collection of hypnotherapy CDs, mp3's, and audio books. Among the recorded sessions, you will find over 120 titles including Weight Loss, Unlimited Motivation, and Unlimited Confidence. You also will find a link to my e-mail address, steve@stevegjones.com. With that in mind, I wish you all the luck and prosperity the world has to offer, and am available to answer your questions or address your concerns.

About Hypnotherapy

To get things started, I want to address and debunk some of the numerous misconceptions and myths about hypnotherapy.

First of all, hypnotherapy is not a Zen-like trance in which the client, also referred to as the patient, is in some sort of metaphysical state. From time to time clients will experience this; however, the goal of hypnosis is to get the client into a very light trance, also know as "Alpha." When in Alpha, a client is up to 200 times more suggestible and is therefore more able to receive messages that influence positive change.

Anything deeper than Alpha (Delta or Theta) is helpful, but not necessary.

Stages of Consciousness

Hypnotherapy deals with four stages of consciousness: Beta, Alpha, Theta, and Delta (Figure 1.1).

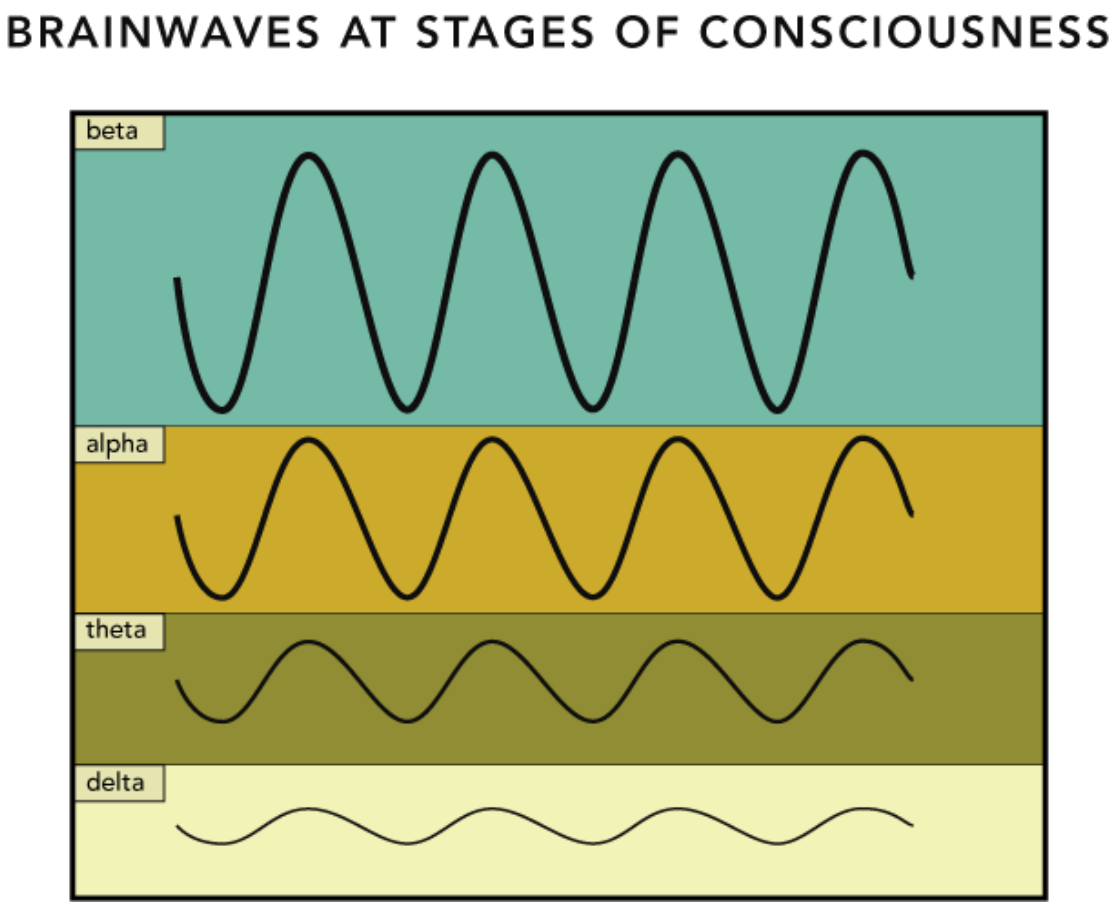

Figure 1.1

Normal awakening consciousness is called Beta. In Beta, a person's brain is fully functional and in an alert state. It is paying attention to and processing stimuli from the outside world.

In Alpha, a person is slowed down slightly and is therefore more focused and able to dedicate his train of thought to one thing. Equate Alpha to the state you are in when watching TV, or when you have been driving for a lengthy period. When driving, your attention is focused on the elements of driving. Outside stimuli play a lesser role. At first, you may be aware of things around you, such as cars and pedestrians. After prolonged driving, your attention shifts to what is happening directly in front of you. This is Alpha.

Alpha is a "not-really-here, not-really-out-of-it" phase. In Alpha, outside stimuli are no longer distracting the client, who is then able to receive habit-altering messages from a hypnotherapist.

It is important to note that, like driving in a trance, patients in hypnosis still can react as things happen. A common misconception about hypnotherapy is that clients under hypnosis cannot react, and therefore the hypnotherapist has ultimate control over the patient. In Alpha, the patient is always in the driver's seat. The patient is fully capable of reacting and making decisions.

Some patients under hypnosis go deeper than Alpha into Theta or Delta, and most patients will transition between Beta, Alpha, Theta and Delta during the hypnosis session. Some patients will never attain Theta or Delta, regardless of what the hypnotherapist does. However, almost everyone will

fall into Alpha on the first session. Techniques for guiding patients to Theta or Delta are more complex, and are beyond the scope of this course. Those techniques are taught in my advanced class. You should know, however, that there are tests for ascertaining how deeply a person has fallen. Some methods of hypnotherapy are more effective in Theta and Delta. (Incidentally, the person whose thyroid was removed while under hypnosis was in Delta.)

Because patients generally toggle among the stages of consciousness in any given hypnotherapy session, most will have the experience of only remembering some of the things the hypnotist says. Patients often believe they remember everything, but actually remember very little.

What is Hypnotherapy?

Hypnotherapy is the most immediate tool for changing beliefs and/or behaviors. Of all the therapies, hypnotherapy will produce the most immediate results. Hypnotherapy is a combination of hypnosis and therapy, which is one of the many attributes separating it from stage hypnosis. Traditionally, a hypnotherapist will spend about half of his or her time talking to the client while the client is in Beta (normal awakening consciousness). The remainder of the time, the client will be in hypnosis (Alpha or lower). Hypnotherapy works by combining hypnosis with precise, outcome-oriented therapy and targeting the subconscious mind.

Hypnotherapy is quite different than traditional therapy. Instead of spending years with a therapist, clients who undergo hypnotherapy will have an efficient, fast, and reliable means of altering negative behavior.

It is important to note that hypnotherapy is not for everyone. Some patients want to spend years in traditional therapy getting to know themselves and examining the roots of their behavior. Some patients will even respond better to long-term non-hypnotic therapy. Hypnosis is just one of the thousands of ways a person can achieve his goals; however, if your patient wants immediate results, hypnotherapy is the most effective tool.

The beauty of hypnosis is that a person's body does not know the difference between imagining something and having it happen. As far as the body is

concerned, the physiological responses are the same regardless of whether the client is imaging something or it is happening.

The client therefore has the advantage of intellectually knowing that a situation is happening only in the imagination and physically responding as though it has happened. The client gets the benefit of tackling his fears, losing weight, or becoming motivated without even having left the hypnotherapist's chair. The client is still reclined in the chair, yet as far as his body knows, he has conquered his cravings, lost weight, learned how to speak to romantic interests, etc.

This means that when it comes time for the client to eat healthy foods, or go on a date, or stop procrastinating, his body will feel as though he has already done this, and he will therefore have the confidence and ability to move forward.

Ethical Responsibilities of a Hypnotherapist

To help move hypnotherapy into the mainstream, hypnotherapists should adhere to the following guidelines:

Do no harm. This course provides powerful tools for tapping into the subconscious mind. In doing so, you must first make a commitment to making only positive changes in your patients' lives. If you have a client whose idea of a "positive change" differs from yours, you have a responsibility to refuse to perform therapy on that client. For example: If a weight loss client wants to lose 15 pounds in one week, you should explain to him that this is unhealthy. Then offer a more reasonable plan, and refuse to treat him if he insists on attempting to lose 15 pounds in one week.

If hypnotherapy is not working on a given patient, stop treatment and refer the patient elsewhere. Do not waste time with clients. If you continue to treat a client who is not getting the results he wants, you will have wasted your client's time and money, and damaged not only your reputation, but also the reputation of hypnotherapy in general. Not all patients will respond to hypnotherapy, and not all patients will respond to your method of hypnotherapy. Accept this, and move on if goals are not being met. For example: Let's say you have a client who is a mortgage broker and wants to make more money. You should initially have her agree to three to six sessions. At the end of those sessions, you must assess how the treatment is progressing and if it is of any benefit to the client. I always assign suggested practice to patients to get measure of how invested they are in their own change and to keep them moving toward their goal. For this client, I would have her make a certain number of calls per week. If she has not made calls after the third session, we are obviously wasting each other's time. I would then terminate the hypnotherapy.

Set reasonable, solid, and productive goals. Set goals that are attainable. Aim high, but give your clients time to respond. Never promise clients that they will, for instance, lose 50 pounds in three weeks. Instead, do research and set a reasonable goal. Do not set your clients up for failure. For instance, with the mortgage client discussed above. I would break up her suggested practice into small steps. In week one, she should make ten calls. In week two, she should make 20 calls, etc. Expect that your client will get off to a slow start. Perhaps she will not do the suggested practice at all the first

week. Keep in mind that many people expect you to wave a magic wand that forces them to accomplish their goals. These people are waiting for a zombie-like trance to take over their mind and body and cause them to make those calls uncontrollably. By week three, reality should set in. T he patient either understands that she has to work or I explain to the patient that she is wasting her money. Believe it or not, some clients would be happy to undergo hypnosis for years because it makes them feel and appear like they are trying. Never allow this. When hypnosis works, it works quickly. Long-term, wonderful effects may reveal themselves later, but most of the change begins to happen within a few weeks. Take things slowly when you have a client who wants to lose 100 pounds, for example, but make sure he is at least doing his suggested practice and making small steps forward.

Follow all state and federal laws. For instance, legislation in early 2003 requires California hypnotherapists to disclose certain information to their clients. It is YOUR responsibility to know the law in your area concerning hypnotherapy. Consult an attorney if you have to. Do the right thing in your practice. Unlike many medical professionals, hypnotherapists are given a lot of leeway. In many states, we are not strictly regulated. In any situation, you have a built-in compass for right and wrong. Use it. Treat people with care and respect.

Check with your client's physician before performing hypnosis to determine whether the client has a medical condition related to his or her hypnotherapy goals. Perhaps your client wants to lose weight, but has a history of bulimia

that he "forgot" to mention. Make sure that you have permission (a signed form or letter authorizing the treatment) from a client's physician before moving forward when you are treating any medical condition using hypnosis.

Likewise, if another healthcare professional refers a client to you for treatment of a specific problem, treat only that problem. You have not been handed a blank check. Respect the process of the M.D., hypnotherapists, or psychotherapist. . Do your job, report your findings to the healthcare professional, and end the treatment.

Basic Hypnotherapy Session Overview

A general hypnotherapy session begins with a pre-talk. This is where you explain hypnosis to the client and reassure them about the power of their mind. Next is the induction, which is the initial attempt to drop the client into a light trance. After the induction, the hypnotherapist will conduct a deepening which drops the client into an even deeper trance, as the name suggests. The hypnotherapist will then use a script, which is the therapy-portion of the session. The script includes suggestion for change. Upon finishing the script, the hypnotherapist will segue into amnesia, which suggests that the client's mind will forget the session. Finally, the hypnotherapist will use trance termination to bring the client out of hypnosis. In this course, each of the above steps will be covered in detail.

However, each client is different, so the therapy session might be changed depending on the client's needs. Hypnotherapists should be flexible. Always remember to think on your feet. Do research so that you can take alternate paths if you are on a course that does not seem to be working.

When conducting a hypnotherapy session, learn to speak monotonously and slowly. Throughout the session, you will want to lengthen your words. Your tone should be dull and boring. See the chapter titled Inductions for more details.

You also will want to use positive words. For instance, when I work with people on procrastination, I do not call it "procrastination." I call it "motivation" because this is the positive way of looking at things. Learn to spin things positively. Instead of saying a person is "afraid to fly," say he wants "freedom to fly." Experiment with phrasing things positively.

Some professionals believe that hypnotherapists should not use the word "no" or "not" because they believe that the subconscious mind drops these words. In other words, instead of a hearing "You will not eat carbohydrates," the client will hear, "You will eat carbohydrates."

I often use the words "no" and "not" with positive results. However, to be on the safe side, you may choose to avoid using negative words. Instead, say, "You will be done eating foods with carbohydrates" or, "You will crave foods that have a low amount of carbohydrates."

Recording your Sessions

Because it takes approximately 21 days to form new habits, you should be prepared to tape your hypnotherapy sessions so that your clients can listen to their sessions each night, thus reinforcing the change.

Only tape the hypnosis portion of the session. The hypnosis session begins when you begin the induction. Be prepared to begin the tape (or CD, mp3. etc.) immediately when hypnosis begins, and stop at the conclusion of the session.

I sell hypnosis CDs from my Web site and sometimes people buy four or more CDs at once on, for instance, Weight Loss, Unlimited Motivation, Unlimited Confidence, and Better Golf. These clients sometimes have the intention of listening to all four CDs at once. Do not have your clients do this. Tackle one problem at a time, and give your client three weeks to change a habit. Allow the client to ease into the change. If you try to force change, if you tell the client to listen to the tape 21 times in one day, both you and your client will get frustrated.

Remember: Set reasonable goals. Do not try to force change because this could be counterproductive.

Controlling the Environment

You will want to establish an office space that allows you to control the environment. Cut your clients off from the outside world and demand their complete attention. You must have them relaxed. You must have them in an oasis from the outside world. You must have the client's complete attention for the hypnosis to be successful.

In controlling the environment, first, make sure that the client has gone to the restroom. Dropping your client into Alpha and sustaining hypnosis is difficult if they are squirming with discomfort. So, simply ask them, before you begin the session, "Do you need to use the restroom before we begin?"

Likewise, make sure that their cell phones and pagers are turned off. Make sure that they are in an environment where no one and nothing is going to disturb them. There should be no barking dogs, or sounds of traffic. Control the environment.

Make sure that the client is not too cold or too warm. Give the patient the option of being reclined. A comfortable, reclining chair is perfect for this. Get one.

I prefer to have my clients reclined in a nearly-horizontal position with an eye covering (like the ones which are sold for sleeping or airplane trips) over

their eyes to block out any light. The clients listen to my voice through headphones.

I want to completely control the environment (for this reason, I generally avoid going to a person's house for a hypnotherapy session). The client is not going to physically see anything because his eyes are going to be covered. He is not going to hear anything except my voice and the gentle ocean waves I play in the background. The client is perhaps going to be covered with one or two blankets, depending on the temperature.

Your job as a hypnotherapist is to make sure that there are no controllable occurrences that will interrupt the session. If there are, handle them before starting the hypnosis session.

I learned this lesson the hard way in 1986: I had a patient, a doctor, who wanted to be hypnotized. She was on call during our first session, and she kept getting up during the hypnosis session to respond to her pager. I was young and she was not respecting the session. I immediately formed a strict policy against this disruptive activity. If your patient is on call, tell her to come back another day. Do not allow yourself or your client to be disturbed.

Some clients like to multitask; hypnosis is not about that. Think of it like surgery—it would not be acceptable if someone knocked on the door during surgery or if the doctor stopped operating so the patient could take a cell phone call. Show your client how to respect the hypnosis session.
Bottom line…Control the environment! It's YOUR responsibility.

Clients to Refer Out

Occasionally you will receive a call from a potential client who is not an appropriate client for a hypnotherapist. You will know when you are in "over your head." It is always a good idea to refer out (send to a more appropriate healthcare provider) anyone who tells you they are schizophrenic or psychotic. These are serious mental health cases which you are NOT trained to handle. Also, anyone who wants to uncover past memories of abuse. You are NOT trained to deal with the emotional fallout of such scenarios.

As hypnotherapists, we work with changing behavior in otherwise high functioning clients. This means they are stable individuals who simply need help losing weight, gaining motivation, being more confident, stopping smoking, etc. We enable behavioral changes stemming from changes in their belief systems. We do NOT turn insane clients sane, psychotic clients "normal," etc.

I cannot list all of the cases which you will refer out, bit use your judgment. Never take a case just for the money. If you feel you are not qualified to handle the case, you are RIGHT. Refer them out.

Chapter 2: Pendulum for Pre-Hypnotic Diagnosis

Introducing the Pendulum

The pre-hypnotic diagnosis technique discussed in this chapter, the pendulum, is not voodoo; it is based on sound scientific research, and is accepted by the scientific community. I have used this technique at a reputable office in Beverly Hills.

The pendulum is used to gather information from a client's subconscious mind prior to the hypnosis sessions by examining the client's otherwise undetectable physical response to questions. This method allows you to quickly ascertain information necessary to the hypnosis session.

However, some of your more conservative clients might not be open to this technique. Before using the pendulum, make a judgment call about whether your client will be open to this. If you decide to use the pendulum, first tell the client that the process does not work with everyone. It only works about 80 percent of time.

Pendulums can be purchased from almost any "New Age" bookstore. Prior to using a pendulum for pre-hypnotic diagnosis, you will first need to calibrate it to make sure that the client responds accurately to the pendulum.

Calibrating the Pendulum

To calibrate the pendulum, draw a plus sign on a piece of paper (Figure 2.1). Make sure the plus sign is at least five inches by five inches. Have the client hold the pendulum over the center of the plus sign. The distance between the paper and the tip of the pendulum is irrelevant. Label one line "yes" and the other "no." Guided by his subconscious mind, otherwise undetectable movements of your client's hand will move the pendulum along the "yes" or "no" axis as you ask questions.

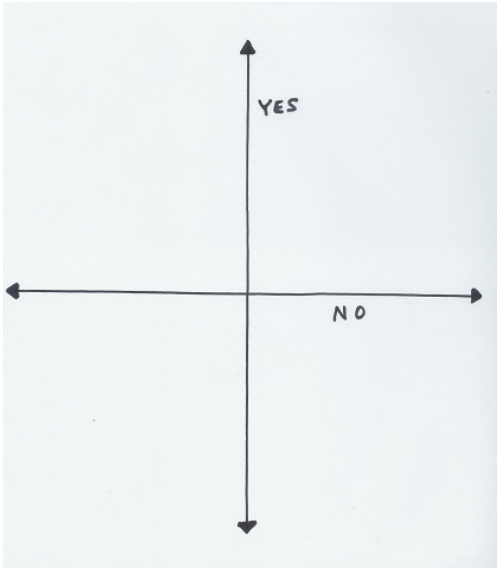

Figure 2.1

Now, ask a series of simple yes/no questions to calibrate the pendulum. Make sure the correct answer to these questions is a definite yes or no. For example, have the client stand and ask:

"Are you sitting down?"

Say it aloud. Keep asking that question aloud and watch what the pendulum does:

1. Does it swing strongly along the "no" axis?
2. Does it swing subtly along the "no" axis?
3. Does it swing along the "yes" axis?
4. Does it refrain from moving?

If situations 3 or 4 happen, stop. The pendulum is not an accurate tool for this person. However, let's assume that situations 1 or 2 occur. We may have a powerful tool toward unlocking information in the subconscious mind.
Let's ask another question to continue calibration.
When asking questions, make sure the answers are definite. For instance, the question:

"Are you inside a structure?"

may have different connotations for different people. Perhaps the person's subconscious mind thinks you are talking about the structure of society, whereas you mean a building structure. Do not ask questions subject to interpretation. Questions subject to interpretation will not give you good answers.

Recommended Pendulum Calibration Questions:

Are you sitting down?

Is there a TV in this room?

Is there a phone in this room?

If you get a wrong answer at any point, do not use the pendulum for that client. It does not work.

However, if you have three correct answers, you have successfully calibrated the pendulum and now have a powerful tool for pre-hypnotic diagnosis. You can now move on to the pre-hypnotic diagnosis.

Let's say that your client wants to find a romantic partner, but has problems speaking to romantic interests due to nervousness. You will want to find out exactly why this type of potential interaction or actual interaction makes the client nervous. Ask a series of five to ten yes/no questions such as:

Is it the other person that makes your nervous?

Is it the memory of past attempts at finding love that makes you nervous?

Is it your body image that makes you nervous?

Does speaking in public make you nervous?

Does talking with others in general make you nervous?

You can now use this information to customize your script (See the chapter on scripts in my book, Basic Hypnotherapy for Professionals).

A Word of Warning

The pendulum is a very powerful key to unlocking information sometimes stored only in the subconscious mind. Be careful when using this tool with your clients. Treat the mind as if it is the most precious piece of china in the world. If someone had some unspeakable trauma about which you ask specific details, you may uncover information the client did not want to know consciously or did not want to share with you. With this in mind, I suggest you ask the client to approve your list of questions before you ask them. Do not worry about giving your questions away. It does not matter. You are talking to the subconscious mind, which the client cannot control.

Likewise, do not use the pendulum with people you love. The potential for asking or uncovering information that negatively affects your relationship is too great.

I do not use the pendulum with every client. Sometimes I do not need to use it because my patient is so in touch with himself that he communicates the specifics of the problem without the pendulum. Sometimes my patient does not seem open to using a pendulum. Whatever the reason, if you choose not to use a pendulum, you can still have a successful hypnotherapy session.

Incidentally, I use the pendulum on myself. If I am torn about a decision I am trying to make, I will use the pendulum. Likewise, I use the pendulum on myself if I am trying to uncover historical information (memories which I am unable to consciously recall). You can test it on yourself. If it does not

work, keep practicing and eventually you will have the ability to retrieve answers from your own subconscious mind using this simple yet powerful technique.

Suggested Practice

Your suggested practice is to find a "guinea pig" willing to allow you to practice using the pendulum. Please do not practice on a loved one—remember, the potential for intrusion is too great. Find someone who is comfortable sharing things with you.

If you have not already purchased a pendulum, you can use a necklace. You will also want to draw two perpendicular lines on a piece of paper. On one axis, you will write "yes" and on the other axis, you will write "no".

Now, calibrate the pendulum using the Recommended Pendulum Calibration Questions. If the pendulum does work, find another subject. Next, move on to pre-hypnotic diagnosis. Do not ask life-probing questions, just simple ones, even during the diagnostic question series.

Chapter 3: Post-Hypnotic Suggestions

Introducing Post-Hypnotic Suggestions

A post-hypnotic suggestion is a suggestion given to a client while they are in a hypnotic state. Furthermore, this suggestion is acted upon when the client is not in hypnosis. When acting upon this type of suggestion, the client is in complete control, totally alert and fully aware of what is going on around them and at conscious level. This enables the client to work or drive a car safely, for example, but at the same time benefiting from the post-hypnotic-suggestion.

They are different from general suggestions in that they are specific commands for specific actions or perceptions. They can be triggered by words, actions, stimuli, or as a result of time.

Examples

The following are brief examples of each of these three triggering systems:

Post-hypnotic Suggestions **triggered by words:**

"When you hear the word 'food' you will relax."

…triggered by actions:

"When you go for a run, you will feel wonderful."

…triggered by stimuli:

"When you smoke a cigarette, you will feel nauseous"

…triggered as a result of the passage of time:

"On October 23rd, you will stop smoking permanently."

Simple, Positive, Post-Hypnotic Suggestions:

"Eat fewer carbs."
"Wash you car."
"Get your life in order."

More Information about Post-Hypnotic Suggestions

Acts carried out after the termination of hypnosis in response to a specific suggestion are called post-hypnotic phenomena. A suggestion given during hypnosis serves as the stimulus, and the act becomes the response. A post-hypnotic suggestion and a conditioned reflex serve a similar purpose except that the former is not established by repetitive trial and learning in the classic sense. It is often carried out as the result of a single session of learning. Moreover, it is not as rapidly extinguished as a conditioned reflex.

When there occurs a marked narrowing of focus of awareness on a particular aspect of reality, to the exclusion of much of the rest (as in the initiation of hypnotic trance), then sensory data (verbal suggestions) taken become effective, because they are not subjected to ordinary reality testing. It is precisely for this reason that post-hypnotic suggestions can be carried out.

A post-hypnotic suggestion may remain powerful for minutes to years. During this period, decrement occurs in the quality of the post-hypnotic performance. Periodic reinforcement, however, tends to increase its effectiveness, repeated elicitation does not weaken it.

Post-hypnotic suggestions are usually followed irrespective of the depth of the hypnosis. Completion depends more upon the nature and the difficulty of the suggested task than upon the depth of the hypnotic trance. Internal or

external factors, of one type or another, can prevent fulfillment. When this happens, profound anxiety may be produced. Therefore, a post-hypnotic suggestion should not be of a bizarre nature, but in keeping with the client's needs and goals.

Some subjects develop a complete amnesia for the post-hypnotic act and yet readily follow the original post-hypnotic suggestion. Others can be aware of the original post-hypnotic suggestion as they carry it out. Still others remember the post-hypnotic suggestion only after the completion of the act.

Response to post-hypnotic suggestions might be compared with the compulsive behavior noted in all of us at times. We know what we are doing, but do not know why.

Unless the subject is a volunteer for a stage hypnotist, ridiculous hypnotic suggestions are usually rejected. Most of these volunteers are exhibitionists and seldom mind carrying out hypnotic suggestions that are compatible with their usual or desired behavior. Whether or not a hypnotic suggestion is carried out also depends upon the wishes and the intentions of the subject.

The type and the quality of the hypnotherapist's communication also affects the response. When working with a stubborn or overly-analytical client in hypnosis, an extraverbal approach such as, "You wouldn't mind opening the window after you come out of this relaxed state, would you?" minimizes resistance. If the post-hypnotic suggestion is not followed, a remark such as,

"It's stuffy inside. I wonder how we can get some fresh air in the room?" is usually effective. A cue of this type often reinforces a post-hypnotic suggestion given during hypnosis.

Erickson on Post-Hypnotic Suggestions

Hypnotherapist and medical doctor Milton H. Erickson wrote, "A post-hypnotic act has been found to be one performed by the hypnotic subject after awakening from a trance, in response to hypnotic suggestions given during the trance state, with the execution of the act marked by an absence of any demonstrable conscious awareness in the subject of the underlying cause and motive for his act. The hypnotized subject instructed to execute some act post-hypnotically invariably develops spontaneously a hypnotic trance. This trance is usually of brief duration, occurs in direct relation to the performance of the post-hypnotic act, and apparently constitutes an essential part of the process of response to, and execution of, the post-hypnotic command. To a slight degree, the disappearance of the trance state, or to a much greater degree the completion of the post-hypnotic performance, is marked by a brief interval of confusion and disorientation from which the subject quickly recovers by renewed and close attention to the immediate situation. In addition there is usually evidence of amnesia, either partial or complete, for both the post-hypnotic act and the concurrent events arising out of the immediate situation."

A hypnotherapist cannot make anybody do anything against his or her will or ethics. So, despite movie portrayals of post-hypnotic suggestions in such films as Curse of the Jade Scorpion, post-hypnotic suggestions can only be used for the benefit of the client. Have you seen that Woody Allen movie? If not, you may want to rent it to see just how carried away filmmakers get

with hypnotherapy. In the movie, Woody Allen has been given a post-hypnotic suggestion that when he hears the word Madagascar, he will perform certain illegal acts such as robbing a bank. The hypnotist simply calls him on the phone and says the magic word whenever it is time for the next robbery.

This portrayal of post-hypnotic suggestions is, of course, ridiculous. However, some of your clients will have seen this movie and will be skeptical about these suggestions. Reassure them that people never violate their morals while under hypnosis and that those types of fiction-based movies are simply for entertainment.

Experiments with Post-Hypnotic Suggestions (Physical Activity Suggestions)

In 1987 I was a psychology undergraduate student at the University of Florida. While doing research in the psychology department, I induced a somnambulistic trance in a subject. The thrust of my research was simply to determine the percentage of times during which a post-hypnotic suggestion worked.

While in this somnambulistic state, the subject was told that five minutes after the hypnotherapy session ended, she would remove one of her shoes, place it on the table, and put roses into the shoe. A table and roses were in the experiment room. Further, it was suggested that she would have no memory of the suggestion; it would appear to be her own idea, and she would feel compelled to finish her task.

While she was carrying out the hypnotic suggestion, my research assistant asked her what she was doing. She replied that her boyfriend had given her a beautiful crystal vase that looked just like her shoe and she had never known what to do with it. She went on to state that it had suddenly dawned on her how to arrange flowers in the vase and she had to try it in her shoe before she forgot.

While her explanation appears absurd, she acted as if she believed she was telling the truth. I was amazed by the way her mind found a way to make the enacting of the post-hypnotic suggestion "normal."

This sort of fabrication of reality to explain the carrying-out of the post-hypnotic suggestions held true for all of the subjects in the study who carried out the suggestion successfully. 83.27% of the participants successfully carried out the suggestion.

Keep in mind that I was having them act on the suggestion within five minutes of receiving the suggestion. Also, the environment was controlled so as to exclude any possible distractions. In “real life” you would not have this control and your post-hypnotic suggestion would be acted upon much later. However, even given the better-than-average conditions of the experiment, I feel that there was an extremely high success rate.

Experiments with Post-Hypnotic Suggestions (Cognitive State Suggestions)

This research explored whether hypnotic suggestion could produce a mind-body experience similar to that caused by the psychoactive drug MDMA (3,4-methylenedioxy-n-methylamphetamine, also known as Ecstasy), in individuals who had taken the drug at some prior time. This drug is now illegal, but has been used in psychotherapy in the past with some positive reports.

Eight volunteer participants, who had taken MDMA at some previous time, were hypnotized and given post-hypnotic suggestions that they would re-experience the mental and physical qualities of an MDMA state one hour after they came out of hypnosis and that the “effects” of the “drug” would last for one hour. This was without taking the drug.

The participants' reports showed that the post-hypnotic suggestions effectively reproduced an MDMA-like state, lasting an hour at a stable level. Participant ratings in real time and in retrospect ranged from 60% to 100% equivalence to a drug-induced experience. The subjective characteristics of the hypnotic experience corresponded with the phenomenology of a drug experience. The participants successfully carried out various intentional activities during this time (e.g., self reflection, talking with partners about relationships, walking in natural settings).

Conclusions

Post-hypnotic suggestion can successfully evoke an experience that has the qualities of the MDMA drug-induced experience for at least some persons who have had the drug experience one or more times.

This level of the state is stable, and can probably be used for the same purposes as an MDMA drug produced experience, such as therapy, pain control, problem solving, personal exploration, transcendence, and interpersonal communication.

Implications

Hypnotic suggestions appear to verbally produce the same effects on the mind-body state as the drug does through chemical influence. This raises some interesting questions. You do not need to answer these questions, simply be aware of them. Does the hypnotic suggestion actually manipulate the physical substrates (as does MDMA) to reproduce an MDMA experience, or are the phenomena being simulated in consciousness ("hallucinated") at a higher cortical level? Several participants reported the two states to be identical. If so, is it meaningful to say the drug state is different from the hypnotic state, just because one is caused "physically" and the other "mentally"? Would a blood test show traces of MDMA in the hypnotic condition (I would think not) or an increase of serotonin (possibly), which is triggered by MDMA?

Instant Trance Post-Hypnotic Re-Induction Cues

One of the uses of the post-hypnotic suggestion is to make hypnosis easier. By means of this, the patient may be trained to go into hypnosis at any given signal instantaneously. For example, you can tell a client, while they are under hypnosis, that when they hear the word "relax" spoken by you in your office, they will immediately go into a hypnotic trance. Notice I said "by you in your office." There is a good chance that the client will hear the word "relax" on the radio, on TV, at home, etc. You do not want the client going into hypnosis every time and every place that they hear this word. You only want them to go into hypnosis when YOU say it in YOUR OFFICE. Additionally, it would be better to use a word or phrase, which they are not likely to hear in their everyday life. For example, rather than using the word "relax," you could use "yellow flower."

Post-hypnotic suggestions may keep their full force for years, and cases have been reported as responding to the suggestion after even twenty years!

A post-hypnotic re-induction cue is simply a post-hypnotic suggestion to enter trance at a later time at some pre-arranged signal. This can save you from having to go through a lengthier induction process. A post-hypnotic re-induction may be what is happening when you see a stage hypnotist snap his fingers or say a word and have his subjects immediately go into trance. The subjects were first hypnotized and then given the cue. After that time they respond to the cue. An example would be "And when I look you directly in the eyes and snap my fingers like this (snap fingers) you'll instantly go to this level of trance or deeper."

Sample Post-Hypnotic Suggestion #1

Here is how I do it in my office (the client is already in trance):

"Good, now you've achieved a wonderful level of relaxation and I'd like to make sure that we can have this relaxation available to us any time we want it. That way we can get the maximum amount of good done in the time we have available. From now on in my office, any time I say the phrase “yellow flower", instantaneously go to this level of trance or deeper. The phrase ‘yellow flower’ takes you deeper. In a moment I'm going to say that phrase again - just feel how wonderfully you relax when I say it... 'Yellow flower'… that's right... even deeper.

Good, in a moment I'm going to count from one to three, when I reach the number three allow your eyes to become open. Then I'll say the phrase 'yellow flower' again... that's right. When I do, close your eyes and go to this level of relaxation or deeper. One... two... three - open your eyes - 'yellow flower'. That's right... even deeper.

In a moment I'm going to count from one to five. When I reach the number five, you will be oriented to this room, this time, and this place feeling alert and refreshed and wonderful in every way. Then I'll say the phrase 'yellow flower' again (they should go deeper because you just said it). When I do, close your eyes and instantaneously go to a deep, deep level of relaxation.

1 - Feeling good 2 - re-orienting more to this room, time and place 3 - in a moment your muscles will begin to stir 4 - on the next number open your eyes and feel great 5 - open you eyes and feel great.

'Yellow flower.' That's right... Each time you hear the phrase 'yellow flower' you'll go more powerfully into hypnosis, more deeply into hypnosis."

That is all there is to it. You induce trance and deliver the suggestion just like you deliver any other suggestion. I like to reinforce it a few times. Bringing the subject out of trance a bit and then rehearsing the cue gives the client a better feeling for what re-experiencing instantaneous trance is like.

Using a Post-Hypnotic Suggestion for Self-Hypnosis

There are several different ways to do this. You can hypnotize yourself and then simply suggest that the next time you lift your index finger, drop it and mentally say "yellow flower" to yourself you'll instantly go to a deep level of trance. If you have a friend or colleague you can have them hypnotize you and then suggest that the next time you perform that procedure you will quickly go into a deep trance.

As you can see, I like to make it a two-step process. You could easily inadvertently think about the phrase "yellow flower." If you add another step to the cue it prevents you from accidentally triggering trance.

Sample Post-Hypnotic Suggestion #2

And the unconscious can continue working on that problem in that special trance when every moment in trance can be equivalent to hours, days, or even years of ordinary clock time. (Pause.) And the interesting thing is that the conscious mind may or may not really understand just what is happening if the unconscious needs to keep it private. You can remain just as you are until the unconscious completes that unit of work and you'll know it's finished when you have that urge to move and stretch and come fully awake again! (Rossi,1981).

Sample Post-Hypnotic Suggestion #3

E=Erickson

X=Client

"And now, after you awaken, I want a bit of music that you haven't thought about or remembered for a long time to come suddenly into your mind when you see me plainly. And you can begin counting, mentally, silently backward from twenty to one, beginning the count now. (Long pause as X reorients to her body and awakens.)

E: Is it pretty? Can you tell us about it?

X: The music?

E. Yes.

X: It changed.

E: Tell us what the change was.

X: From harp to an orchestra.

E. When was that?

X: When I was seven.

E. Where were you?

X: At home.

E: Who is in the room?

X: Who? My whole family, I think.

E: To your right or left? To my left. (Erickson and Rossi, 1979)

Sample Post-Hypnotic Suggestion #4

Bear in mind that when you first formed an image of the letter "A" it was difficult. But as you continued in school you learned to form mental images of letters and words and pictures with increasing ease until finally all you had to do was to take a look. (Pause). In the matter of experiencing other sensations you learn to recognize cold, warm, muscle tension. In your sleep at night you can dream. In those dreams you can hear you see, you move you have any number of experiences, and as a part of that experience is forgetting that dream after you awaken. An experience of forgetting in itself is an experience that is not alien to anybody."
(Erickson, Rossi and Rossi, 1976).

Sample #2 uses a subtle post-hypnotic suggestion for the unconscious to continue working on a solution to a particular problem. This type of hypnotic suggestion lends itself well to individuals who are suspected of resisting suggestions.

The third sample is a direct post-hypnotic suggestion to test her ability to lift amnesia. Notice that a cue is also suggested for when she would do this. Then Erickson prepares her for an age regression. He asks a question using a child-like term, i.e. "Is it pretty?" and with the question, "Who is in the room? And to your left or right?" He accomplishes the age regression as evidence from her responses.

The fourth sample begins with the early learning set and moves to a subtle, but direct post-hypnotic suggestion for amnesia.

Where to Use the Post-Hypnotic Suggestion in a Hypnotherapy Session

Below is the order of a hypnosis session, which includes a post-hypnotic suggestion:

Induction

Deepening

Script

Post-hypnotic Suggestion

Amnesia

Trance Termination

If you have read my book, Basic Hypnotherapy for Professionals, or some other basic hypnotherapy book, you should be familiar with the other components of the hypnotherapy session. If these components seem new to you, you may want to consider taking my basic course. You may also refer to Chapter I of this course for a brief refresher on these basic concepts.

Other Uses of Post-Hypnotic Suggestions

Although you will only be using post-hypnotic suggestions for therapeutic purposes with your clients, I thought it would be helpful to be aware of other uses of post-hypnotic suggestions.

Examples:

Any number, color, object, etc. may be induced to be ignored by the patient after full consciousness. A certain keyword starts the suggestion and a different word ends it. The patient will not know nor use the item to be ignored. He/she may state that the sea is colored red, if suggested to ignore the color blue. A count of eleven may be achieved if asked to count ones fingers if a number -say 5- is suggested to be ignored. Thus the patient counts 1-2-3-4-6-7-8-9-10-11.

Different type of behavior patterns may be induced such as forcing the patient to recite a certain sentence whenever anyone says out loud the special keyword. The patient is fully aware of the conditioned action but it is very difficult, if not impossible, to restrain from doing it. Sweating, loss of coordination and full lack of concentration plagues the patient until he/she performs the programmed action. Do not ever do this. I simply want you to be aware of how these suggestions are used by less scrupulous individuals.

An object may be set to be perceived as invisible and it will be fully ignored and evaded during the period of suggestion. Experiments may be performed with a coffee mug, induced to be invisible. If the mug is put on top of a page with writing, the patient will only read the parts not covered by the mug. Even though the sentences may make no sense, nothing is seemingly wrong to the client. It is difficult to suggest that an object be invisible, yet stay tactile. Usually the object is completely ignored by all senses. Thus, the mug in the example will reportedly not exist, even when the patient is touching it.

Stage hypnotists will sometimes perform shows in which they hypnotize participants to think they are some celebrity and behave exactly like them.
Suggested practice

Your suggested practice is to write three complete post-hypnotic suggestions, one for each of the following clients:

Client One:

Laura is a 32-year-old housewife who is not employed outside of the home. She eats constantly and has gained 20 pounds in the last three months. Her main challenge is eating ice cream. She would like a way to say NO to ice cream so that it no longer controls her.

Client Two:

Paul is a 24-year-old first-year medical student at Harvard. The demands are tough and he is loosing a lot of sleep. He would love to be able to fall asleep at 2AM. This is when he stops studying. However, he stays up until 5AM each night just staring at the ceiling and wishing he were asleep. His grades are suffering due to the fact that he now falls asleep in class.

Client Three:

Shiela is a real-estate executive with a six-figure income. She has always been a go-getter. Unfortunately, she can't seem to walk by a pack of cigarettes without asking the owner if she can have one.

OK, get these people some help in the form of post-hypnotic suggestions. You do not need to create an entire hypnosis session, just a paragraph or two which contains the needed post-hypnotic suggestions for each client.

Chapter 4: Metaphors

Introducing the Hypnotic Metaphor

A university professor went to visit a famous Zen master. While the master quietly served tea, the professor talked about Zen. The master poured the visitor's cup to the brim, and then kept pouring. The professor watched the overflowing cup until he could no longer restrain himself. "It's overfull! No more will go in!" the professor blurted. "You are like this cup," the master replied, "How can I show you Zen unless you first empty your cup?"

The term “metaphor” comes from the Greek word metapherein, meaning “to carry over or transfer” (meta = ”beyond, between, or over” + pherein = ”to bring or to bear”). In Greek, a “metaphor” is something that moves other things between places. A moving van or baggage cart, for example, would literally be a “metaphor” in Greece. When applied to deeper levels of experience, what becomes “transferred” or “carried over” by a metaphor are relationships, placement of attention, feelings, beliefs, thoughts, limiting values, wrong presuppositions, etc.

According to Webster’s Dictionary, a metaphor is “a figure of speech in which a word or phrase denoting one kind of object or action is used in place of another to suggest a likeness or analogy between them” and involves “the transference of the relation between one set of objects to another set for the purpose of brief explanation”.

In the innovative and mind-expanding book Metaphors We Live By, linguist George Lakoff and philosopher Mark Johnson say, “The essence of metaphor is understanding and experiencing one kind of thing in terms of another” and "We understand experience metaphorically when we use a gestalt from one domain of experience to structure experience in another domain."

A symbol is the smallest unit of metaphor, consisting of a single object, image, or word representing the essence of the quality or an attribute it stands for.

The following is a Jung's definition of a symbol. "A word or an image is symbolic when it implies something more than its obvious and immediate meaning. It has a wider 'unconscious' aspect that is never precisely defined or fully explained. Nor can one hope to define or explain it. As the mind explores the symbol, it is led to ideas that lie beyond the grasp of reason."

The following quotes about hypnotic metaphors illustrate their importance:

"Brain scientists have, in fact, repeatedly and fruitfully used metaphors, analogies, and models in their attempts to understand their data. The theme of this essay is that only by the proper use of analogical reasoning can current limits of understanding be transcended. Furthermore, the major metaphors used in the brain sciences during this century have been provided by inventions that, in turn, were produced by brains. Thus, the proper use of

analogical reasoning sets in motion a self-reflective process by which, metaphorically speaking, brains come to understand themselves." (Pribram, 1990).

"Analogy and metaphor are central to scientific thought. They figure in discovery, as in Rutherford's analogy of the solar system for the atom or Faraday's use of lines of magnetized iron filings to reason about electric fields. They are also used in teaching: novices are told to think of electricity as analogous to water flowing through pipes or of a chemical process as analogous to a ball rolling down a hill. Yet for all its usefulness, analogical thinking is never formally taught to us. We seem to think of it as a natural human skill, and of its use in science as a straightforward extension of its use in commonsense reasoning. For example, William James believed that 'men, taken historically, reason by analogy long before they have learned to reason by abstract characters'. All this points to an appealing intuition: that a faculty for analogical reasoning is an innate part of human cognition." (Gentner and Jeziorski, 1983).

Hypnotic metaphor is one of the most elegant tools available for assisting people in the process of personal transformation, healing, and growth. The major purpose of hypnotic metaphor is to pace and lead an individual's experience through the telling of a story which helps that individual access resources necessary for change.

In a therapeutic context, metaphors are used as tools for transformation, facilitating new patterns of thoughts, feelings, and behavior. If constructed properly, they are very successful and powerful in fostering the change because they communicate directly with the subconscious mind, bypassing the critical faculty of the conscious mind.

Metaphors and stories, in a hypnotherapy context, may be useful:

To provide a key mechanism for changing our modes of representing the world.
To cause something to be remembered.
To make, demonstrate, explain or illustrate a point.
To create generative realities.
To open up possibilities and strategies.
To normalize or otherwise re-contextualize a particular position or content.
To carry multiple levels of information.
To facilitate new patterns of thoughts, behaviors, and feelings.
To stimulate lateral thinking and creativity.
To reframe or redefine a problem or situation.
To introduce doubt into a position that holds that there is only "one" way.
To provide or guide associations and thinking along certain lines.
To allow the client to form a choice or find his own direction.
To bypass normal ego defenses.
To allow the client to process directly at a subconscious level (indirect suggestions).

To shift the subject or redirect the discussion.

To suggest solutions and new options.

To provide a gateway between the conscious and the unconscious.

To pass suggestions to the subconscious mind.

To increase rapport and communication.

To facilitate retrieval of resource experiences.

To lighten up the mood.

Metaphors (imaginative, but not literal, descriptions of objects, events, processes etc.) can enrich and accelerate the emergence and sharing of ideas and models. If the process is used properly, it greatly reduces the likelihood that people are operating on assumption or misinterpretation and all the problems that this can cause. A metaphorical story in a hypnotherapy context consists of elements that symbolically represent the client's problem and offers a solution to the client's problem in an indirect manner.

According to Robert Dilts, a developer, author, trainer and consultant in the field of NLP, a metaphor is essentially a fantasy, which places the "reality" of the listener at some level. The meaning of a story or metaphor is typically not in the specific events that make up its content (its 'surface structure'), but rather in the underlying patterns or principles it conveys (its 'deep structure').

The value of metaphor is that it can bypass conscious resistances, and serves to stimulate creativity and lateral thinking in relation to a problem. Metaphorical thinking provides a gateway between the conscious and the unconscious and between 'left brain' and 'right brain' processing.

Hypnotherapeutic metaphors encourage people to focus on the deeper structure relationships between their reality and that of the story. The therapeutic value of the metaphor lies in the similarity of its deep structure to the deep structure of the problem (formal properties), even though the surface level characters and details (the content) are very different.

The fact that stories and metaphors are non-literal also makes it possible for them to provide a way of thinking that is different from the way of thinking that is creating the problem. One of the main characteristics of therapeutic metaphors is that they are open-ended, thereby allowing listeners to draw on their own resources for a solution.

Like all other forms of communication, a great deal of the influence of a therapeutic metaphor comes from the non-verbal 'meta messages' that accompany the oral presentation. Voice inflection, gestures and facial expression are used to convey a large portion of the metaphor's meaning. Key words and phrases may be marked out by shifts in voice tone and tempo. Embedded messages, analogical markings (discussed in a later chapter) and other linguistic and non-linguistic techniques may also be employed within the context of a metaphor to enhance and increase the effectiveness of its outcome.

Symbolism and Isomorphism

There are two major components in creating a hypnotherapeutic metaphor: symbolism and isomorphism.

Symbolism involves the substitution of one 'referential index' for another. Metaphor is defined as "a figure of speech in which something is spoken of as if it were another". In the case of hypnotherapeutic metaphors, the client and her circumstances are spoken of 'as if' they were the characters in a story. A symbol is a character, situation or object that stands for some aspect of the client's reality.

Isomorphism involves establishing similarities between the behaviors, relationships and situations of different individuals (e.g. the client and the symbolic character).

In general, symbols will identify the structural aspects of the metaphors, while isomorphism will deal with the relational or syntactic components.

The use of analogies or metaphors in hypnotherapy is common and important. It involves relating the new to something already known, so that the new may be understood by analogy with the known. Metaphors are used widely in hypnotherapy to pass suggestions to the subconscious mind while bypassing or occupying critical faculties. Typically a short phrase or story that has more than one meaning and at least one of the inherent meanings carries a hypnotic suggestion. A hypnotic metaphor is like a Trojan horse.

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Ericksonian Metaphors

Dr. Milton Erickson's work was the inspiration for using metaphors in a therapeutic context. Milton H. Erickson has done more than any other individual to change the way in which hypnotherapy is practiced. Many of Erickson's methods for communicating with the subconscious mind, using sophisticated language patterns and metaphors, are recognized now as desirable and essential for effective change.

Unorthodox psychiatrist, congenial family doctor, ingenious strategic psychotherapist and master hypnotherapist, Milton Erickson’s influence has revolutionized Western psychotherapy. Thanks largely to Erickson, the subject of hypnosis has shed its shackles of superstition and is now widely recognized as one of the most powerful tools for change.

Erickson emphasized indirect communications to the so-called unconscious, the use of anecdotes and metaphors to shift the frame of experiential reference, embedded (unconsciously marked-out) language phrasings, the trance experience as a generalized metaphor to re-shape consciousness, and what might be called a meta-level regression psychology, in which one pointed not to the content of past experiences (to expose repressed traumatic material, for example)...but to the structure of certain typical childhood (or life-stage) experiences of growing up (what Ernest Rossi called "Early Learning Sets"), in order to utilize those structures as re-usable metaphors to re-shape one's current (problematic) experiences. Naturalistic and

conversational hypnosis as well as strategic interaction, metaphors, tasks, and his personal and creative qualities were Erickson's major therapeutic tools.

The major elements of constructing a hypnotherapeutic metaphor, according to Robert Dilts, include:
Transferring focus from the individual to some character in the story.

Pacing the individual's problem by establishing an isomorphism with respect to the behaviors, events, and characters in the story that are parallel to those in the individual's situation.

Accessing Resources for the Individual Within the Context of the Story

Finishing the story such that a sequence of events occurs in which the characters resolve the conflict and achieve the desired outcome.
Erickson told many stories and told them to a variety of clients. As he said of his treatment for a young, anorexic girl, "My treatment for Barbie was to tell her short stories, metaphors, suspenseful stories, intriguing stories, boring stories. I told her all kinds of stories, little stories" (Zeig, 1980). He illustrated the experiences he wanted his clients to retrieve as they fixated their attention upon the dramatic aspects of an unfolding story line about someone else. Clients were free to create their own meaning from the stimulus offered and even have learnings too painful for the conscious mind to tolerate. After all, it was "only a story."

As such, metaphor can be considered an altered framework through which a client is free to entertain novel experiences.

Milton H. Erickson gives an account of how he used isomorphism while working with a couple having marital difficulties over their sexual behavior. Erickson talked to the couple about their eating habits. He found that their eating habits paralleled the individual sexual behaviors that were causing the difficulty. The husband was a ‘meat-and-potatoes” man and liked to head right for the main course, while the wife liked to linger over appetizers and delicacies. For their therapy, Erickson had them plan a meal together ‘from

soup to nuts', in which they both were able to attain satisfaction. The couple, of course, had no idea of the significance of the event, but were pleasantly surprised to find that their sex life improved dramatically afterwards.
Any of the therapeutic goals illustrated with metaphor will be interpreted differently by each unique client who filters them through perceptions and experiences unique to his or her personal history. But still, the stories are constructed and delivered (emphasizing and detailing particular experiences with indirect suggestions) based on specific therapy goals. These stories stimulate clients to do a good bit of focused thinking which facilitates retrieval of resource experiences not commonly available or associated to in particular problem contexts.

Milton H. Erikson has been called the most influential hypnotherapist of our time. Closely related to his therapy was his use of "teaching tales." Calling upon shock, surprise, confusion - with generous use of questions, puns, and playful humor - he seeded suggestions indirectly and positively with therapeutic metaphors.

Reading his many case studies in such books as Uncommon Therapy and the subtle metaphorical approaches of his storytelling in My voice will go with you is like entering another dimension. Since it was first published, in 1982, My voice will go with you has been one of the most popular and most readable introductions to the innovative psychotherapeutic and hypnotic approaches of Milton Erickson.

Dr. Erickson's work was also the inspiration and foundation for such innovative therapies as Bandler and Grinder's Neuro-Linguistic Programming (NLP), Steve de Shazer's Solution Talk therapy, the interactionalist approach of Haley, Watzlawick, Fisch, et al. at M.R.I., brief therapy, and the refined use of metaphor, paradox, confusion, therapeutic tasks, reframing, and many other advances.

The Stock Market, Balloons, Southern Charm and Metaphors
I was reading a book about the stock market recently. It brought to mind hypnosis. Hypnosis? Sometimes when I teach how to communicate with the unconscious mind using metaphor, people ask me if you can use metaphor in a business context. The answer is an emphatic "Yes you can!"

A metaphor is a story whose meaning also fits another situation. For instance the expression "You scratch my back and I'll scratch yours," usually isn't a literal request for back scratching. It's a metaphor for people helping each other. "Burning the candle at both ends" means working too hard. Metaphor is like shorthand for the mind. A simple metaphor or one-line simile can effectively get across an idea that otherwise takes a long time to communicate. In business, counseling or personal relationships, this kind of condensed, meaning packed communication is key.

Think about how much richer a metaphor is than simply stating the facts. When politicians want to have an impact on audiences they tell a story about how a particular policy affects an individual. Think about the differences...

"Cutting retirement benefits in the way my opponent suggests will cost the average person $137 in benefits per month."

"Mary Smith uses her retirement payment to feed her three kids, Bobby, Sue and Johnny. If we implement my opponent's plan she won't be able to feed one of them. Can you imagine Mary coming home to her three hungry kids, sitting down at the dinner table and telling Johnny, 'You can't eat today son, mommy can't afford it?'"

Which of those will have the greater impact on the greater number of people?

Balloons and Other Wisdom

My friend Julie, a Licensed Mental Health Counselor, recently used a metaphor with a couple of her family members who were not communicating with each other. She had them put all their anger and resentment toward each other in balloons and popped the balloons! The metaphor of the balloons holding the anger and then popping did the trick. Within the space of a few minutes these folks were crying, hugging and talking openly with each other.

But back to the stock market...

Here are some metaphors that I picked up in the course of a few minutes watching the financial channels and surfing the web...

Bull market and bear market (upward and downward trending markets, respectively).

Bulls go up the stairs and bears go out the window (a metaphor explaining that stock prices rise slowly and drop quickly).

Bulls get rich and bears get rich but pigs get slaughtered (a metaphor explaining that you can make money in up or down markets but greediness can result in losses in any situation).

A "dead cat bounce" graphically describes a slight rise in a stock price after a tremendous drop.

If you bought stocks and the stocks went up, they must be good -right? Well, "a rising tide lifts all boats." That's a metaphor that tells you that in an upwardly trending market many stocks go up, whether or not they are good long-term investments.

"Catch a falling knife" describes the process of trying to buy a quickly falling stock right before or as it's reaching its low price. As the metaphor implies, it can be a dangerous practice.

Jonathan Swift, the author of Gulliver's Travels, first used the term "bubble" in relation to the South Sea Crude Oil collapse of 1720. In 2000, we started to hear about the "tech-bubble" and the "dotcom bubble." A bubble bursting is certainly an apt description of what happened to many tech stock prices in the following period.

Southern Expressions as Metaphors

"As nervous as a long-tailed cat in a room full of rocking chairs" paints a more vivid picture than "he's nervous," doesn't it? "The man's engine is runnin', but ain't nobody driving" really gets the idea across of someone who is "a few bricks shy of a full load" or "only has one oar in the water." "Shutting the barn door after the horse has done gone" means trying to solve a problem too late in the process.

The truth is that metaphor is an incredibly powerful and rich way to communicate ideas. Metaphors engage the conscious mind and the unconscious mind at the same time. They get a logical message across while at the same time activating your imagination and emotions. Engaging the mind at all levels allows you to transmit ultra-compelling communications deep into the mind to make them permanently powerful.

That's why people routinely communicate with metaphor. And one of my beliefs is that it is respectful to people who communicate to you in metaphor, to communicate back to them in metaphor. If you want to be effective and you deal with people at all, you should master metaphor. If you want to be a master communicator in any field, skill with metaphor is essential.

"Hunger is the Best Pickle"

Some years ago a client came to my office for a first session who presented a real challenge. She was a referral from my then girlfriend, who had a great deal of confidence in my skills as a hypnotherapist and NLP practitioner. X proceeded to tell me her tale of woe. She had been living "on the street" making a living in prostitution, selling drugs and odd clerical jobs, none of which she was able to hold for any length of time, and she wanted something more for herself. She had consulted with a psychologist for three or four months, by which time he had concluded that she was beyond his capability to help, so he referred her to a "specialist" of some sort. This man lasted for about three weeks before coming to the same conclusion. He referred X to yet another "specialist" who decided that she was too much for him to handle in the initial interview.

X's voice became more tense, high pitched and her words were spoken with increasing tempo and desperation as she told me of each successive experience with the "experts". So I repeated to X what she had told me, that she had seen this one for three or four months, that one for three weeks, and the third one for one visit and that they all thought she was too much for them, and added that she might be too much for me too. However, I would do my best with her, and that if I felt that she had gotten all that I had to offer I would inform her, and that we would mutually decide if she wished to continue on with me, or not. Reassured that she would not be abandoned as hopeless yet again, X calmed down somewhat. This was long before I met

and trained with Richard Bandler, and at that time I thought of hypnosis and NLP mostly in terms of techniques and inductions. So my abilities at conversational changework were much less developed at that time. X was much too agitated to go through a "technique" or sit still for any obvious hypnotic induction, and simple reframes and embedded commands, were not going to be enough to do the job. So I asked myself, "What can I do help X?" and an answer came up.

My studies in NLP had introduced me to Milton Erickson's hypnotherapeutic work, especially as it related to his use of therapeutic metaphor, and it struck me that metaphor might just be the route to begin opening X to some new possibilities unconsciously. Great idea, but this was long before I had any real facility in improvising metaphor, and I had no backlog of memorized material either. People who could use metaphor elegantly and easily at that time seemed to have a skill beyond my meager abilities. Back then I used to try to construct metaphors consciously. But, being rather desperate to do something to help X, I picked up my copy of Tales of Enchantment by the Lanktons, riffled through the table of contents, and picked several stories. I read them to her. One was about letting go of the past, thoroughly and completely. Another had to do with appropriately expressing emotions, and trusting that other people could handle tactful honesty. And, there may have been a few others....

X's response to those stories taught me a tremendous amount about using metaphor. What I didn't realize then was that it's possible to do any

technique, affect any change through metaphor, and conversationally at that! Milton Erickson was notorious for answering his students' questions about hypnosis with a story or few, and many of them got quite frustrated when he did that. They wanted to have a sense of conscious understanding, never realizing the gift that he offered was infinitely more valuable. When I came across the idea that it's possible to "install" a strategy or pattern of behavior through metaphor I was skeptical. However, Erickson, Bandler, and Carmine all taught through metaphor and I decided to test the idea for myself. I taught an advanced change technique class for some of my hypnotherapy and NLP students by giving them metaphors isomorphic to the technique. The patterns in the metaphors were identical to those of the technique, only the content differed. They all got the basic concepts and began using the pattern of the technique immediately. I was impressed. Now I use metaphor and nested loops (a way of patterning metaphors to increase unconscious installation of information, strategies, etc.) in all of my trainings. Many of Erickson's students would go away wondering why Milton wouldn't answer a simple question in a straightforward manner, never realizing that Milton's stories precipitated creative new choices for them. And, even without knowing why consciously, they found themselves attending more seminars with Milton, because every time they did somehow they became more effective with hypnosis

Metaphor Sample #1 (the Philosopher and the King)

Once there was a king who had a wise philosopher living in his kingdom. The king hated the philosopher because every time the king wanted to trick the philosopher and make him look like a fool, the philosopher turned the tables and made the king look like a fool. This time the king hit upon an idea to trick the philosopher so the king could have him killed.

The king commanded, "Bring me my philosopher."

The guard brought in this old man with a long white beard.
"How can your humble servant be of assistance to you, oh mighty king?" asked the philosopher.

"See this?" the king shot back, showing the old man a tiny bird in the middle of his palm. The king folded his hand around the bird and put it behind his back.

"Now, wise philosopher," the king growled at the philosopher, "is the bird alive or dead?"

The philosopher thought fast. If he said "alive" the king would squeeze the bird to death and then kill the philosopher. If he said "dead" the king would show him the bird lived and would kill him.

The philosopher thought deeply for a long moment. A smile broke out on his face and the old man said, "As you wish, great king. The result will be whatever the king wishes."

Metaphor Sample #2
(Reframing an Old Chinese Taoist Story)

A very old Chinese Taoist story describes a farmer in a poor country village. His neighbors considered him very well-to-do. He owned a horse, which he used for plowing and for transportation. One day his horse ran away. All his neighbors exclaimed how terrible this way, but the farmer simply said "Maybe."

A few days later the horse returned and brought two wild horses with it. The neighbors all rejoiced at his good fortune, but the farmer just said "Maybe."

The next day the farmer's son tried to ride one of the wild horses. The horse threw him and the son broke his leg. The neighbors all offered their sympathy for his misfortune, but the farmer again said "Maybe."

The next week conscription officers came to the village to take young men for the army. They rejected the farmer's son because of his broken leg. When the neighbors told him how lucky he was, the farmer replied "Maybe."

Let's analyze this. When the farmer's horse ran away, the neighbors grieved for the farmer's loss. However, when the horse returned with two wild horses, their grief changed into joy. But, then, when a wild horse threw his son so that he broke his leg, their joy turned into sorrow. What they felt as good news turned into bad news. When, the next week, the conscription

officers came to draft young men, they rejected the son because of his broken leg, again, sadness turned into joy. The arrival of the conscription officers changed the context of the broken leg so that what they had viewed as a handicap, they now viewed as a blessing. The change of context changed the meaning. And all the while, the old farmer held back from making such quick (and inadequate) judgments - so his emotions didn't bounce all over the place, as did those of his neighbors!

This story enables us to appreciate the importance of context, or frames, and that meaning truly does not lie in words, actions, stimuli, etc., but in the evaluative understanding of a meaning- maker. Meaning operates as a function of context. The villagers seemed too ready to jump into a frame and

let it determine their meanings and emotions. The wise old man didn't behave in such a semantically reactive way.

In the story, we kept experiencing a rapid shifting between frames - so that "the meaning" of the events also quickly kept changing. When the frame of the son's broken leg changed, the meaning changed. When we change a frame, we transform meaning.

Suggested Practice

Your suggested practice is to write one metaphor for the following client:

Henry grew up rather shy. His parents were over-demanding. He spent a lot of time alone in his room as a boy. In high school, Henry went to an all boys boarding school where female interaction was limited. As a result, Henry never had a sexual encounter with a female until he was an adult.

Henry is 32 now. He has had various relationships and now he is married. All of his relationships have failed due to the anxiety he feels about his premature ejaculation. His girlfriends did not really mind, but Henry felt so badly about it that his dwelling on it undid the relationships.

Now Henry is married. He had told his wife that they would not have sexual relations with each other until they were married. His wife thought this was wonderful, sweet, and certainly a rare thing in the world today. Henry and his wife had sex twice. Both times he ejaculated prematurely. Henry has come to you fro help. He wants to sustain his sexual performance until he is ready to ejaculate.

Henry has just walked into your office. Write a metaphor which will help Henry.

Helpful Tip

If you read my book, Basic Hypnotherapy for Professionals, you know that every hypnotherapist should have the book Hypnotic Suggestions and Metaphors by D. Corydon Hammond, Ph.D. If you have this book, use the section on premature ejaculation. If you do not have the book, now is a great time to get it since you will need it in your practice over and over.

Chapter 5: Analog (or Analogue) Marking

What is Analog Marking?

Analog (or analogue) refers to anything that has shades of meaning, a spectrum of options, or which changes gradually and smoothly (like the undulations in a line of hills, for example). The opposite of this would be anything that offers a set of clearly separate options (e.g. on/off, yes/no, people/places/things), which is referred to as digital.

Analog marking means adding emphasis to a word or phrase. This is usually done with an unobtrusive gesture, facial expression, or a touch to emphasize certain words non-verbally as you are talking to someone. The marked out words give an additional message.

In theory, the listener's conscious mind will not notice the marking, but their subconscious mind will receive the message. Analog marking is a form of embedded (hidden) command.

How Does This Work?

Analog marking is actually a non-hypnotic technique. You can use it on patients in your office while they are wide-awake.

There is no conscious awareness on the part of the recipient that they have received an instruction. Typically, they will act on the instruction as if they had received it directly, but without conscious resistance, laziness, etc. The proper use of these patterns requires that you have good control of your voice tone, tempo and non-verbal behavior. Let’s say, for example, that you want to have someone scratch his or her nose (not very useful, but it has become my example of choice over the years). Obviously, if you were to walk up to someone and say, "Scratch your nose", they would probably just give you a funny look. But with NLP, the process works a little differently.

You might choose to engage them in a conversation, in the course of which you might say, "When learning to cook from scratch, it's best if you're willing to ask someone who knows". Now, in there, you have to say three words with a special, and identical, emphasis. This is called analog marking, and can be accomplished by any of several means. Most easily by speaking the words more loudly, or in a different pitch, than the other words:

"When learning to cook from scratch, it's best if you're willing to ask someone who knows".

See how the marked out words read? And remember, if you're saying it, there is a phenomenon called Phonological Ambiguity at work. The word scratch stays the same, but the next word sounds identical to the word "your", and likewise, "knows" becomes nose.

This principle works even better if your analog marking is redundant in another sensory channel, such as visual. For example, when you emphasize the words with your voice, you might also make a particular gesture with one of your hands, or make eye contact with the person on each of those words.

Try this out for yourself, it really works, and can be used to deliver a suggestion to people without them ever knowing it. Who would think that a statement about cooking from scratch was really about having them scratch their nose?

Quick question: while you were reading this, did you scratch your nose?

Isn't This Manipulative?

Maybe we should take a good look at our definition of manipulation. When we enter a negotiation with another company, or even our spouse or children (or parents!), we have a specific outcome in mind that we want to have come to pass. As the negotiation progresses, we use our logic (sometimes) and other thoughts to attempt to move the negotiation closer to our desired outcome. When we accomplish this in a way that also satisfies the "other side", we say the negotiations were successful.

Manipulation is defined as attempting to consciously guide events to a specific resolution. So, in our negotiation example above, we would have been considered to be engaging in manipulative behavior. The biggest difference is that with NLP and these language patterns, you have a sizable advantage in using your verbal and non-verbal behavior to guide you to the class of experiences you want. If you use these techniques to railroad people into doing things that are not in their best interest as well, you may get short term success, but people WILL eventually know, not consciously, but at that "gut" level, that they should stay away. Using analog marking requires that you have the best interests of all involved at heart.

In this class, I teach that the proper use of analog marking is to help patients achieve their goals. If you have a client who wants to lose weight and is having some resistance, analog marking can come to the rescue. Here is an example of a sentence that might help a weight loss client.

"Maybe the next time you think about eating cake, you will also want to see what is going through your mind. I know that you find spinach (or anything they don't like) disgusting, but why would that be when it is good for you? Just think about that next time and let me know your thoughts."

I have given them a logical-sounding talk about cake and spinach. Everything I said to them sounds reasonable, yet there is also an embedded command, an analog marking example.

By the way, these influence patterns are part of the NLP(Neuro-Linguistic Programming) body of knowledge which was modeled from Milton Erickson, M.D. in the 1970's by 2 researchers, John Grinder and Richard Bandler. You can read more in their book, The Structure of Magic: a book about Language and Therapy.

Suggested Practice

Part I

I want you to have some fun with this. There is no harm in making someone scratch his or her nose. So, go to a social gathering and say the nose scratching embedded command to as many people as you can. Try not to get caught. See what percentage of people respond. Try it in different ways to see if this affects your results.

Keep track of how many people you tried it on and what the percentage of success was. Notice the changes you made and how that affected the results.

Part II

Write three phrases which might help our old friends from chapter three. Yes, they are still coming to see you and they still could use some help. Just as a reminder, here they are again:

Client One:

Laura is a 32-year-old housewife who is not employed outside of the home. She eats constantly and has gained 20 pounds in the last three months. Her

main challenge is eating ice cream. She would like a way to say NO to ice cream so that it no longer controls her.

Client Two:

Paul is a 24-year-old first-year medical student at Harvard. The demands are tough and he is loosing a lot of sleep. He would love to be able to fall asleep at 2AM. This is when he stops studying. However, he stays up until 5AM each night just staring at the ceiling and wishing he were asleep. His grades are suffering due to the fact that he now falls asleep in class.

Client Three:

Shiela is a real-estate executive with a six-figure income. She has always been a go-getter. Unfortunately, she can't seem to walk by a pack of cigarettes without asking the owner if she can have one.

Chapter 6: Phobias

Technically, "phobia" is a medical term. As hypnotherapists do not diagnose, we cannot actually tell whether something is a phobia. This chapter does not refer to medical phobias; instead, the term is used to describe general fears. When taking notes, or talking with clients or health practitioners, do not refer to anything as a "phobia," or as its medical term. Instead of calling it "claustrophobia," call it "fear of closed spaces," for instance.

When determining whether you should treat a person for a fear, remember that some fears are better left in place. For instance, if a person tells you he needs hypnotherapy to help him overcome his fear of handling dangerous snakes, you might want to refuse treatment. Unless this person is a snake handler, this fear is most likely a healthy one.

On the other hand, imagine a client who says: "I am afraid of snakes and there are snakes everywhere, or at least I think they are everywhere and I freak out and run to my car every time I step outside." This client's fear is irrational, debilitating, and makes the person unable to function in a normal capacity. This person sees snakes everywhere and has to run away when he goes outside.

As with pain control, when helping people with phobias, you will want to interact with the person, so conduct a short induction and an even shorter deepening. If the person is afraid of snakes, your Script should detail something similar to the following. Have the person imagine himself in a

movie theater's projection booth watching himself in the theater audience watching a movie of himself handing a snake. The person will be looking at himself watching himself handle a snake. In other words, there are three images of the man:

- Image 1 is in a projection booth watching Image 2.
- Image 2 is in the front row watching Image 3.
- Image 3 is in the movie handling a snake.

Now ask the person, "Can you see this? Can you see yourself doing this?" As we discussed earlier, some people are not visual, so they will not be able to imagine this. If the person answers "no," try something else, or move on by dropping the person deeper and reading a Script.

If the person reports that he is able to imagine this, tell him he is safe in the projection booth. Then tell him to go into the front row and take over the body of the man in the audience. Ask him how he feels (again, do not record this part of the session). Then ask him to take over the body of the person on the screen. Tell the person, "This is just a movie. This is not reality." At this point, the person's subconscious mind is experiencing handling a snake (or flying in an airplane, talking to a person of the opposite sex).

What if the client has never handled a snake? Feel free to write a script having the client watch himself watching a superhero handle a snake. Have the client then take over the superhero's body.

Again, make sure the person's phobia is actually a phobia instead of a rational fear. For instance, if the person lives in a place with cottonmouths in the front yard, he should be afraid of the snakes. However, if he is afraid of garden snakes and he imagines them in the front yard, his phobia is irrational.)

Maybe the client is afraid of an elevator, and has therefore never been in an elevator. Tell the client to watch himself watching James Bond, who can handle anything. James Bond goes into an elevator, at which point the client should take over James Bond's body. The client will model Bond's behavior, knowing that Bond can overcome the fear.

After reading a phobia Script to a client, skip amnesia and go straight to trance termination.

Sample Phobia Script

And now that you are completely relaxed, you imagine that there are three of you. That is right, you now see yourself as three different selves. They are all in a movie theatre. One of your selves is running the projector. Another is sitting in the front row of the theatre. The third you is actually in the movie. And now you imagine that the "you" running the projector is the real you. And as you run the film, you look down at the other "you" who is watching the third "you" on the screen. And the "you" on screen is playing with a dog. See her pet the dog. And you can stop the movie at any time. But you choose to relax and enjoy the movie. You are safe up there running the film. And you see the "you" on stage smiling as she plays with the fun dog. And the "you" sitting in the front row laughs because the dog just licked your face. And you are so very safe as you relax and watch the movie up in the booth. And as you continue to watch the second "you" who is watching the third "you," you become so relaxed. And now you see the movie from the front row. And if you choose, you may return to the booth, but you decide to relax and enjoy the movie from the front row. And you smile, watching the third "you" play with the cute, fun, happy dog. And as you continue to watch the movie, you slowly realize that you are in the movie. And as the dog begins to lick your face, you smile and pet the dog.

Suggested Practice

Find someone who wants to overcome a fear. Perhaps the person is afraid of talking to members of the opposite sex. Perhaps the person is afraid of spiders, or roaches, of elevators, etc. Write a Script to help this person overcome the fear. Put the person in a light Alpha trance using the induction and deepening methods suggested above. Read this Script to the patient.

Caution: Do not tell people they have problems, or irrational fears. You may offend the person. Instead, Find someone who will admit to having an irrational fear.

Chapter 7: Confusion Inductions

When to Use Confusion Inductions

While every client has the ability to reach at least an Alpha state, some will prove to be more difficult than others. For instance, you will encounter clients who process information at an overly analytical level. You may find that these clients pick apart everything you say instead of experiencing and benefiting from hypnotherapy. For these people, you will want to use a confusion induction—it is a powerful tool for distracting them.

How Confusion Inductions Work

The confusion induction works like this. Rather than just saying, "You are relaxing," incorporate words such as "relax," "slow, and "down" into a seemingly nonsensical story. These words should be said slightly louder than the other words (also known as an "embedded command," a Neurolinguistic Programming technique that can be used at any time to implant suggestions). For example, your confusion induction might be this:

"The lamp is golden. The walls are white. And as I watch them, I am so relaxed and the stove is warm, the chair is blue as it spins downward."

Say more loudly the words that imply relaxing, slowing down, and going deeper.

The rest of the induction is meaningless. Who cares what color the wall is or whether the chair is spinning? You want to get the person preoccupied with analyzing the meaning. His conscious mind will try to make sense of the gibberish. Unbeknownst to him, however, his subconscious mind is going to respond to the louder words, and he will go into a hypnotic trance.

Another factor that works to put him into a trance is the repeated introduction of confusing ideas. For a few moments, your analytical client will attempt to make sense of everything you say. This type of client considers himself intellectually superior to most people. His attempts to

maintain this superiority will eventually cause him to go into a trance. He will try so hard to keep up with the details that his mind will become confused and overloaded. The end result is that he will "check out."

Have you ever listened to a confusing lecture? Do you recall the feelings of boredom and mental fatigue? Your mind attempts to protect you from what it perceives as pain by mentally removing you from the situation.

Try using numbers in your confusion inductions. Occupy your patient's mind with adding and multiplying. For instance, you might say the following.

Sample Confusion Induction #1

And as you relax, you realize that one plus one equals two and two lambs walked along the field and as they looked out they saw seven, six, five and five times five is 25 divided by five is five and that answer is very deep and candles burn down, down, down, one by one, two by two, two divided by two four times more than one fourth, and that's so relaxing to know.

Again, I am using embedded commands to emphasize the relaxing, deepening words that are important for the subconscious mind to hear. The rest of the words are meaningless.

Confusion inductions should be used only with clients with whom you have established a good rapport. Otherwise, your overly analytical client might think you are "trying to play tricks on his mind."

Sample Confusion Induction #2

Sometimes we find ourselves paying attention to the most relaxing things. Sometimes we find ourselves adding numbers, which are numbered nicely. Other times we drift a bit as we think about all the things that are parallel in the universe and all the things, which cross perpendicularly across the horizons of those parallel things, but we always find ourselves slowing down for a stop sign, and drifting, floating below the threshold of our consciousness. When we feel ourselves let go of those parallel line thoughts and just focus on how drifting seems effortless in a room where blue and green move across the floor, in a timeless drifting down motion which we find many times to be relaxing, relaxing, relaxing deeper and deeper as we add three plus three plus three plus the horizon of relaxation, in a drifting feeling as we float along to the solution which relaxes us deeper into the mathematical concepts that we are now examining because four plus four is forethought to forgo consciousness and drifting happens when we now calculate all of the foregoing thoughts in the parallel sphere of our own reality letting go and relaxing deeper and deeper. One plus one is two of a kind and a straight flush down the river rowing a boat on a relaxing day and getting very tired of rowing and rows and rows of hay in a field having been bailed by a male that sails down the same river and lets go of the drifting current currently relaxing in the warm sunshine relaxing in a chair there like walking down stairs deeper and deeper.

Suggested Practice

Write a confusion induction. It should be no longer than 15 minutes. Try it out on an overly-analytical friend. Then, bring them out of the trance. Ask your friend afterward what they experienced during the process.

Chapter 8: Hypnotic Diagnosis

If the pendulum test failed during the pre-hypnotic diagnosis, or if you feel that you need to discover more about the root of the client's fear, you can make a diagnosis while the client is under hypnosis.

It is important to note here, however, that hypno-therapists do not technically diagnose. The term "diagnosis" is used to indicate that the hypnotherapist will discover information in a diagnostic way. When I use the term "diagnosis," I do not mean that you are going to label the client or render a medical diagnosis. You cannot conclude that the client has attention deficit disorder (ADD) or is bipolar. Hypnotherapists find out information and use that information in moving forward with a treatment. This is what I mean by "diagnosis." Do not label or give a medical diagnosis. When you find out something, write it down, and then move on.

During hypnotic diagnosis, it is important that the client be able to interact, since you want to obtain information from him. You cannot have him in a state where he is almost comatose because, clearly, he will not be responding.

If the client goes so deeply into hypnosis that he is not responding to questions, you are wasting your time with hypnotic diagnosis. Move on to suggestive hypnotherapy (see Chapter 5: Scripts, in my book, Basic Hypnotherapy for Professionals).

For hypnotic diagnosis, you will want to put the client in a light Alpha trance and ask a series of questions similar to those asked in pre-hypnotic diagnosis. Though you cannot control how deeply a client falls into hypnosis, you can attempt to achieve a light Alpha trance by keeping your induction brief.

If you are successful in your pre-hypnotic diagnosis of the client, you do not need to do hypnotic diagnosis as well. Unless you are not getting results with the pendulum, hypnotic diagnosis is redundant.

However, for 20 percent of people, the pendulum does not work the first time. For these people, you will go straight to the induction and deepening. Do a short induction. (The deepening is optional, because you want the client to still respond to you.) Once the client seems relaxed (breathing slowly and not moving much), move on to the questions.

To determine whether or not the client is in a light enough trance to interact, ask him a question such as "Can you hear my voice?" If the client does not answer, he can still hear your voice, but he is not processing it consciously at all, so move on to the script. He is too deep for hypnotic diagnosis.

For hypnotic diagnosis to work, the client should be in a state of consciousness similar to the phase when someone is falling asleep and involved in a lucid dream. In a lucid dream, the person knows that he is dreaming. He is partially aware of reality. This is the state the client should be in for hypnotic diagnosis. Relax him with an induction of five minutes or less. If you want to do a deepening, do a four-minute (or less) induction and a one-minute deepening.

If the client is able to interact, be flexible. You might not expect the answers the client gives. Stay on your toes. The client might give you a lot of information. For instance, the client might say, "I am 10 years old, and I am eating pizza and French fries for dinner. Later on, I eat some cake and ice cream for dessert, which I wash down with two cans of soda."

The client might offer all sorts of information that will give you insight into his habits. I always try to ask questions that elicit a yes or no response because I want the patient to stay on topic and refrain from tangential thought. As I am sure you know, some people love to talk and will give you all kinds of information. Some of it may be irrelevant. As in the above example, some information may allow you to see why a negative habit, such as eating too much unhealthy food, has been embraced. You may request more information or prompt the client to move on. You will have to make a judgment call.

This process is similar to cave diving. Sometimes you have three caves to choose from, and you decide to explore a particular channel because it looks clear or because you did not know it was there and you think you should explore it to find out what kind of information it holds. Sometimes you find interesting information, and sometimes the cave holds nothing.

For instance, in the above example, the client talked about eating junk food. This might be the first time he has talked about this. You might ask, "How often did you eat pizza and fast food as a child? Did your parents allow you to eat a lot of sweets as a child?" Beware, however, of getting carried away. I like to keep the client's responses restricted to yes or no, but sometimes I get information that leads me to ask the client to speak in full sentences.

If you do not need all the information that the client is giving, control the conversation and move it forward by saying something such as, “Thank you for that information. Now it is time to move on.”

Remember that you are in control. You do not have time for your client to ramble on all day. Do not ever let the patient take control of the session.

And now I would like to move on.

In pre-hypnotic diagnosis, the idea is to ask the client a series of questions that are leading to some insight into the problem. You can use both the pendulum and the hypnotic diagnosis, but I suggest using one or the other. Exceptions would be if the pendulum uncovers something that you want to explore more thoroughly with hypnotic diagnosis or if it does not uncover anything.

Suggested Practice

Find a friend or associate. Using an induction of your choice, put someone in a light Alpha state. If the person still seems to be in Beta, perform a one-minute deepening. Now perform a hypnotic diagnosis.

Afterward, ask your friend if they would have normally remembered the things they revealed during the hypnotic diagnosis.

Chapter 9: Pain Control

Throughout the history of the field, hypnotherapists have struggled to be accepted into the medical world. With pain control, however, hypnotherapy has made an impact. Doctors and dentists turn to hypnotherapy to help their patients alleviate anxiety and pain without anesthesia. There are documented cases, in fact, of dental patients who are able to slow the amount of their bleeding through hypnotherapy, because the subconscious mind regulates the platelets that cause bleeding to stop.

How Pain-Control Hypnotherapy Works

The hypnotherapist puts the client into a light Alpha trance and gives him a "post-hypnotic suggestion" for controlling his pain. A post-hypnotic suggestion is a tool that links an activity (actual or imagined) to the pain, allowing the client to control the pain by mentally or physically performing the activity after the hypnosis has occurred. For instance, the client might be able to control pain in his leg by imagining that he is turning off a switch that controls the pain. Your job as a hypnotherapist, therefore, is to form the link between the pain and the pain control activity.

Before using a pain-control script, first discuss the procedure with the client's dentist or MD. Find out how intense the pain is and how difficult the procedure is. Perhaps the client is just having a mole removed. Perhaps the client is having a painful root canal. Discuss the level of pain with the doctor, and ask the doctor and patient to make a decision about whether or not they want to use hypnotherapy in lieu of anesthesia. If so, make sure that you evaluate the patient's level of suggestibility before determining whether or not you think your client will benefit from a pain-control script.

Remember that the last thing you want is for the client to be in the operating chair without anesthesia and using a pain-control method that is not effective for him! Be careful.

Suggestibility Testing

To determine whether or not client is suggestible, prior to beginning the hypnosis, ask the client to sit in a chair with his eyes closed. Read this to him:

Imagine a lemon tree in front of you with green leaves and endless blue sky. On the lemon tree are bright yellow lemons. You walk over to the lemon tree, and you pick one of the lemons and hold it in your hand. Near you is the table. You place the lemon on the table. Now you pick up the knife on the table and cut the lemon in half. The juice squirts on you. You cut one of the halves in half. And put it up to your nose and smell that unmistakable lemon scent. You can really smell that sour, tart, lemony smell, and you decide to put it into your mouth, bitter skin and all. Bite down on it, suck that tart, sour lemon juice, feel it squirt in your mouth as you bite into the skin and taste that tart sour juice.

While you are reading this, watch your client's facial expression. Is he wincing at the thought of biting into a sour lemon? Is he swallowing his saliva? Now tell your client to open his eyes and describe his reaction. Some clients might not report any reaction. Others might say they were salivating and wincing at the though of biting into a bitter lemon. Make sure that you write down what your client reports; take as many notes as possible for future reference.

If the client does not report any reaction, he is probably not a good candidate for anesthesia-free pain control. On the other hand, if he reports heavy salivation and details the bitter taste, and if you have his doctor's permission in writing, move forward with the hypnosis.

However, do not guarantee anything! You have no control over whether or not your client uses the hypnosis tools successfully during the operation. Prior to the session, have your client sign a waiver stating his understanding that pain control is not guaranteed. Give a copy of this waiver to the doctor or dentist prior to surgery.

Once you have prequalified the patient with the lemon test, discussed the procedure with the respective doctor or dentist, and administered all paperwork, move on to the actual hypnotherapy.

For pain control, you do not need your client to be in a deep Delta or Theta state. You will conduct a normal, 15-minute induction followed by a five-minute deepening. Post-hypnotic suggestions of this nature must be done while the client is in a light trance.

Your script for pain management will come next and will include a post-hypnotic suggestion. Your script should sound something like this:

During your procedure on August 5, you will find you are free of any pain. Should you begin to feel any pain, you will simply touch your left index finger to your thumb, and the pain will leave your body immediately.

While the client is under hypnosis, remember to phrase everything in a positive way. Tell your client that the post-hypnotic suggestion you provide (in this case, touching the left index finger to the thumb) will work. Tell the client he will be pain free.

By the way, post-hypnotic suggestions can be used for most issues including confidence. Your client can be told to make an "okay" sign anytime he feels insecure and that making this sign will recapture his confidence.

For a dental procedure, you may want to tell your client that by touching one of three fingers with his thumb, he can control pain on one of three corresponding areas in his mouth.

Experiment with this while the patient is in your office. Have your client touch his left index finger to his thumb and, with your client's permission, push on his mouth in the corresponding area. Then ask him if he felt something. If he says that he did, the pain control did not work. At this point, you should stop attempting a pain-control method and tell him that you do not recommend using hypnosis for surgery or continue with more powerful post-hypnotic suggestions, such as having the client make a sign with his fingers and chant, "Pain free, pain free."

If the client does not feel anything, keep experimenting. Make sure that the pain control is working. Have him touch his left middle finger to his thumb and push on the middle of his mouth. Repeat this for the ring finger and the right side of the mouth.

If the client has dropped off and is not responding, move on. The client must be interactive to determine whether or not the post-hypnotic suggestion is working.

You can say the following: "You are pain free. You are touching the left index finger to your left thumb and feeling free of pain. Anytime you do this, you will feel free of pain in the left side of your mouth. You touch the left side of your mouth, and you realize you are pain free."

Pain control is not limited to surgeries. Maybe a client has hurt his leg and, although he will not be undergoing surgery, he wants to stop the pain. Your post-hypnotic suggestion might be that he touches the left thumb tip to his left index finger when his leg begins to throb, and this action will eliminate the pain.

Another suggestion might be that the client imagines a circuit breaker in a house, which is where he will cut off the source of pain. You might say, "Imagine a breaker box in your mind. There are two sides to the first switch: red and black. If you flip the switch to the red side, your leg will be numb. You can continue switching it back and forth. Notice that while the switch is on the black side, you feel pain. As soon as you switch it to the red side, you are free of pain."

Instruct your client to perform the post-hypnotic suggestion. Then ask the client if he feels any pain. If at any point the client reports that the post-hypnotic suggestion is not working and he is feeling pain, tell the client that this method of pain control will not work and he might want to consider anesthesia, which is guaranteed to work.

However, do not indicate that you have failed, that hypnotherapy has failed, or that the client has failed. Remember that hypnotherapy is versatile. Do not label things as failure. Just change them and use different options.

After you have determined whether or not the post-hypnotic suggestion seems to be controlling the client's pain, you can relax him and bring him out of hypnosis. I do not recommend using amnesia here (see Chapter 6: Amnesia) because you want the client to remember everything he has learned, consciously and subconsciously.

You will, however, want to use trance termination (see Chapter 7: Trance Termination) at the conclusion of the session.

If you are providing a recording for the client, do not include anything interactive in it. Interactions will prove to be too confusing for the client.

Sample Pain-Control Script

You are so completely relaxed. And you imagine now a control panel in front of you. And you notice that there are four buttons: One is labeled "left arm," one is labeled "right arm," one is labeled "left leg," and one is labeled "right leg." And you may switch each button on or off. When a button is on, it is green. When a button is off, it is red. When a button is on, you may feel the sensations from the corresponding part of your body. When a button is off, you feel absolutely no sensations whatsoever from the corresponding part of your body. Experiment now with the control panel. Switch off the left leg button. That's right. Notice that you have no sensations on your left leg. Now switch on the left leg button. Notice that the sensations have returned to your left leg. Switch off the right arm button. Notice that the sensations have left your right arm. Switch on the right arm button. As the green light comes back on, you will notice that you again have sensations in your right arm. You may use this control panel anytime you choose. It works all the time.

Suggested Practice

Find a friend and test his or her level of suggestibility, using the lemon test. If the subject is suggestible, put them in a light trance, and then use the pain control script.

Afterward, be sure to ask your friend how the experience was. It is one thing to observe them during the process, but it is even better to interview them afterward to determine what exactly was going on in their mind.

Best of luck to you!

Sincerely,

Steve G. Jones, Ed.D.
Clinical Hypnotherapist

Glossary

Alpha: The lightest stage of hypnosis, Alpha is just below Beta (normal awakening consciousness).

Amnesia: Brief yet powerful suggestions given to cause the client to consciously forget the hypnosis experience.

Analog Marking: Also called "analogue marking." Emphasizing certain words in a sentence or series of sentences so that these words stand out. The subconscious mind will hear the sentence or phrase they form as a command. For example, say the following sentence and speak more loudly when saying the capitalized words: "He decided to EAT sometimes when he was feeling MORE powerful and the PROTEIN was in his diet." This phrase will be translated in the mind to: "Eat more protein."

Beta: Normal awakening consciousness.

Client: The subject of the hypnotherapy session. May also be called "patient" or, in non-office settings, the "subject."

Deepening: Suggestions given after an induction meant to deepen the state of hypnosis.

Delta: The deepest state of hypnosis.

Diagnosis: The patient's main "problem" (i.e., overweight, unmotivated, smoker). Be careful not to share this label with the client. You need to know what you are dealing with, but if the client hears this label, she may identify with it. When talking with the client, it is better to say, "You are a woman who used to smoke." Avoid saying, "You are a smoker."

Induction: The first part of a hypnosis session intended to ease the client into a trance.

Phobia: A fear.

Pre-hypnotic diagnosis: The initial diagnosis determined after gathering information from a client's subconscious mind. This is done prior to the hypnosis sessions by examining the client's otherwise undetectable physical response to questions. This method allows you to quickly ascertain information necessary to the hypnosis.

Post-hypnotic suggestion: A hypnotic suggestion designed for use after the session.

Script: In this book, a "Script" (which will be capitalized) describes the main part of a hypnosis session during which the main therapeutic message is delivered. A "script" (which will not be capitalized) is a generic term to describe any portion of a hypnotherapy session.

Theta: The state of hypnosis just above Delta.

Trance Termination: Ending the hypnosis session either by returning the client to full awakening consciousness (Beta), or by suggesting that the client go to sleep (Delta or Theta).

Appendix

I have over two decades of experience in hypnosis. I have a Bachelor of Science degree from the University of Florida, a M.Ed. from Armstrong Atlantic State University, as well as an Ed.D. and Ed.S. from Georgia Southern University. I am a certified clinical hypnotherapist, a member of both the American Board of Hypnotherapy and the National Guild of Hypnotists, president of the American Alliance of Hypnotists, and director of the Steve G. Jones School of Hypnotherapy. I am also on the board of directors of the American Lung Association in Los Angeles. I currently live in Savannah, Georgia, but I see clients and teach classes worldwide.

My client base consists largely of people who need to lose weight or gain confidence. Other clients include sales teams interested in boosting motivation and increasing income, singles searching for love, insomniacs desiring proper sleep, and smokers wanting to change their habits, to name just a few topics.

It is my hope that this book will create a cadre of hypnotherapists who feel a strong commitment toward practicing with integrity, thus altering negative perceptions about hypnotherapy, while allowing people to make positive changes. To this end, I am providing you with the tools to change people's habits and perceptions, and to help them overcome fears. I know that you can help your patients find love, make a fortune, and reach their optimum level of physical fitness through hypnotherapy.

For more information about me and about hypnotherapy, I invite you to visit my website, www.stevegjones.com. There, you will find a collection of hypnotherapy CDs, mp3s, and audio books. Among the recorded sessions, you will find over 120 titles including Weight Loss, Unlimited Motivation, and Unlimited Confidence.

You also will find a link to my e-mail address, Steve@SteveGJones.com. I am available to answer your questions or address your concerns, and I wish you all the luck and prosperity the world has to offer.

Sincerely,

Dr. Steve G. Jones, Ed.D.
Clinical Hypnotherapist

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Resources

Hypnosis Website *(The official website of Dr. Steve G. Jones, Ed.D.)*	http://www.SteveGJones.com
American Alliance of Hypnotists *(Membership is free in this worldwide online directory)*	http://www.AmericanAllianceofHypnotists.org
Hypnotherapy Classes *(Become a certified clinical hypnotherapist online in eight weeks)*	http://www.AmericanAllianceofHypnotists.org/classes.html
Hypnotherapy CDs and mp3s *(Over 250 specific topics such as weight loss, motivation and confidence)*	http://www.stevegjones.com/products.htm
Hypnosis Books *(22 books about hypnosis)*	http://www.stevegjones.com/limited_sale.htm
Hypnotherapy Business Videos *(Free videos show you how to run a hypnotherapy business)*	http://www.learncorrectly.com

Books by Steve G. Jones, Ed.D.

Available at http://www.stevegjones.com/books.htm

and select bookstores worldwide.

- Basic Hypnotherapy for Professionals
- Advanced Hypnotherapy for Professionals
- Hypnotherapy Inductions and Deepenings Volume I
- Hypnotherapy Inductions and Deepenings Volume II
- Hypnotherapy Scripts Volume I
- Hypnotherapy Scripts Volume II
- Hypnotic Techniques for Dating Success
- Business guide for Hypnotherapists (Office set-up, websites, forms, advertising online, search engine optimization, creating and selling hypnotherapy CD's and mp3's)
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